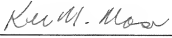


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		<b>Docket Number (Optional)</b> Boer 7-3-2-3									
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington D.C. 20231" on _____  Signature _____  Typed or printed name _____		In re Application of <b>Boer et al.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number</td> <td style="padding: 2px;">Filed</td> </tr> <tr> <td style="padding: 2px;">10/562,618</td> <td style="padding: 2px;">May 15, 2006</td> </tr> </table> For Method and Apparatus for Communicating Symbols in a Multiple Input Multiple Output Communication System Using Interleaved Subcarriers Across a Plurality of Antennas <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Group Art Unit</td> <td style="padding: 2px;">Examiner</td> </tr> <tr> <td style="padding: 2px;">2617</td> <td style="padding: 2px;">Fred A. Casca</td> </tr> </table>		Application Number	Filed	10/562,618	May 15, 2006	Group Art Unit	Examiner	2617	Fred A. Casca
Application Number	Filed										
10/562,618	May 15, 2006										
Group Art Unit	Examiner										
2617	Fred A. Casca										
<p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) <span style="float: right;">\$ 540.00</span></p> <div style="text-align: right; margin-right: 100px;">Prev. Paid</div> <div style="text-align: right; margin-right: 100px;">\$ _____</div> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-0762</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> </div> <div style="width: 45%; text-align: center;">             _____            Signature             _____            Kevin M. Mason            Typed or printed name             _____            February 18, 2011            Date         </div> </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>											
<input type="checkbox"/> *Total of _____ forms are submitted.											